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Navy & Marine Corps Medical News (MEDNEWS)
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This service distributes news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this e-mail is encouraged.

Headlines this week include:

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MEDNEWS 97001. NAOMI Gets New Name, Expanded Mission
Pensacola, FL--The Naval Aerospace and Operational Medical Institute (NAOMI) has a new name and an expanded mission to go with it.

NAOMI was previously named the Naval Aerospace Medical Institute (NAMI) but it changed its name to NAOMI to reflect its broader scope.

Then, last month, NAOMI became the Naval Operational Medicine Institute (NOMI).

The new name, implemented by OPNAV Notice 5450 on 17 December 1996, more correctly reflects NOMI's mission to support all naval warfare communities rather than concentrating on aviation.

While NOMI offers a medical residency in aerospace medicine, and trains flight surgeons, aviation experimental psychologists, and aviation physiologists, it also supports submarine, diving, surface and other communities, including Marines.

"For example, we operate a clinical hyperbaric (underwater pressure) medicine program, and will soon have a medical residency in undersea medicine," said CAPT Terrence L. Riley, MC, NOMI's commanding officer.

NOMI also provides training to Amphibious Task Force surgeons, and has expanded its Senior Medical Office course to include Nurse Corps officers who will deploy at sea.

Riley expects NOMI will work closely with other commands involved in the health and care of Sailors and Marines, including the Naval Undersea Medicine Institute, the Naval Schools of Health Sciences, the Fleet Hospital Operational Medicine Institute, and the Naval Environmental Health Center.

"Our vision of naval medicine has evolved as the Navy and Marine Corps' mission has evolved," said Riley. "Today, our mission is to provide support and consultative services for all operationally-related naval medical matters, on land, in the sea, or in the air."

NOMI is located at Naval Air Station Pensacola, FL.
By Jan Davis, Bureau of Medicine and Surgery

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MENEWS 97002. Widow of Iwo Jima Flag Raiser Visits Namesake Clinic

Quantico, VA--If there is a single image that captures the essence of America's valiant struggle to prevail in the Western Pacific during World War II, it's the photograph taken of the stars and stripes being raised on Mt. Suribachi during the Battle for Iwo Jima.

The Iwo Jima Memorial, at the foot of Arlington National Cemetery in Virginia, designed from the photograph, may be one of the best known memorials in the world.

A smaller version of the memorial stands at the entrance of Marine Corps Base, Quantico, VA, where the Bradley Branch Medical Clinic serves Marine Corps officer candidates. The clinic is named for Pharmacist Mate Second Class John H. Bradley, the lone Sailor who, along with five Marines, raised the flag atop Mt. Suribachi.

Recently, John Bradley's widow Betty, son James, and eight-week-old grandson John Jr. visited the clinic for a tour, and also received a plaque.

"My dad would have liked this clinic because it ... helps people," said James.

James said his father was a modest man who always downplayed his role in the flag raising, saying that the integrity of the Iwo Jima Monument would be lost if anyone took credit for it.

Bradley served with distinction in the Battle for Iwo Jima, receiving a Navy Cross for bravery while assisting wounded comrades.

By LTJG Wade A. Wallace, MSC, Naval Medical Clinic Quantico, VA

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MEDNEWS 97003. Sailor Emergency Medevaced to Halyburton

Cherry Point, NC--A crewman from USS THOMAS S. GATES was emergency medevaced to Naval Hospital (NH) Halyburton at Marine Corps Air Station (MCAS) Cherry Point, NC, recently.

USS GATES was conducting training operations in the Atlantic Ocean off the North Carolina coast when the emergency occurred.

"The pain started about 1400," said the medevaced Sailor. "At first, I thought it might have been something I

ate for lunch, but as time went on the pain grew worse."

GATE's independent duty hospital corpsman examined the man, took a blood sample, and found it wasn't a case of indigestion but rather something more serious. He suspected appendicitis and recommended the Sailor be medevaced immediately. He was, using one of the ship's helicopters.

The emergency appendectomy occurred just hours before the hospital was to conduct a change of command ceremony.

"That's the beautiful thing about Navy medicine. Someone is always on call and ready to respond to an emergency," said LT Tom Phillips, head of operating management for the hospital.

The crewman was released to go home on convalescent leave four days after the successful surgery.

"From the independent duty corpsman to the civilian and military nurses at the hospital, they went out of their way to help me and my family," said the grateful Sailor.

CDR Paul Rosbolt, GATES' commanding officer sent a personal message to MCAS Cherry Point's commanding general and Halyburton's new commanding officer, thanking them for their assistance.

"I wanted to ensure that you knew of this successful lifesaving event," he said. "I ask that you convey to the team at the medical center and at the flight operations office our sincere appreciation for their professionalism and dedication in service to our shipmate and his family." By CDR Morgan Smith, NH Halyburton

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MEDNEWS 97004. Health Records Retire with Retirees

Washington, DC--When you retire from the Navy, did you know your medical and dental records retire, too?

"Some people think their original health records belong to them and they can take them with them," said LT Leigh Parios, MSC, medical records policy manager for the Bureau of Medicine and Surgery (BUMED). "Really, medical and dental records are the property of the U.S. government, and are retired when the service member retires."

When you retire or resign from the service, medical and dental records are sent to one of two places. If you left the service on or before 31 January 1994, the records are sent to National Personnel Records Center (NRPCC) in St. Louis, MO.

If you left after 31 January 1994, the records are sent to the Department of Veterans Affairs (DVA), also in St. Louis.

Parios said it's important that service members go to the health records administration office where their records are kept before they leave the military and obtain a copy to take with them.

"Many MTFs (military treatment facilities), as a courtesy, will make a copy of the records for the individual who's retiring," said Parios. "But ultimately, it's the retiree's responsibility to make sure they get it copied."

Parios said this is very important since once the

records have been sent to St. Louis, it can be a lengthy process to get them back. Retirees must send a signed letter with their Social Security Number (SSN) and request the records they need. The more specific the information that is provided about the records needed, such as where and when treatment was given or if it was inpatient or outpatient care, the easier it is for records personnel to find any available records.

It takes four to six months for the requested records to be sent to you.

Family members, however, don't necessarily have to make a copy of their records since they can continue to use the same medical record after their sponsor retires.

"Family members' records are forwarded to NPRC only if there's been no activity in them for two years, or for five years if they're maintained at a (medical) teaching facility," said Parios.

If the retiree's family members are moving to a new location, hospitals and clinics will forward the family members' records. Parios recommends you check with your local clinics to let them know you're leaving.

"I also give this word of advice to family members," said Parios. "To be on the safe side, if I were a family member, I'd obtain a copy of my health records so I have the flexibility of having the information with me no matter where I go."

Once your records have been retired, if you retired on or before 31 January 1994, or to get family members' records, you must write to NRPC to get copies. The address is: NRPC, Military Personnel Records, 9700 Page Avenue Blvd., St. Louis, MO 63132-5100. Family members must include their sponsor's SSN.

To get copies of your medical or dental records if you retired after 31 January 1994, write: DVA, Service Medical Records Center, PO Box 150950, St. Louis, MO 63115-8950. DVA does not hold family members' records.

By Jan Davis, BUMED

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MEDNEWS 97005. Swap Your Cap For A More Military Appearance

Virginia Beach, VA--The black garrison cap, approved for wear with the winter uniform last September, can now be swapped for the newer, sharper version free of charge at your Navy Exchange.

Due to the immediate requirement for 36,000 caps when Navy people shifted to winter uniforms last October, the Navy approved garrison caps constructed of fabric without a fused backing.

"The fused and unfused caps are nearly identical in appearance and are of comparable quality," said Becky Adkins, director of the Navy Uniform Program at the Navy Exchange Service Command (NEXCOM). "The main difference is the fused caps are stiffer, retain their shape better and present a sharper military appearance."

NEXCOM has fused caps on order from three different

suppliers. The first shipments have already been received at many Navy Exchanges. Production capacity reached 50,000 caps per month by the end of December.

Any individual who purchased an unfused cap can exchange it for the stiffer fused cap at no charge as supplies become available.

"While both caps are authorized for wear, Sailors are encouraged to take advantage of the free exchange policy," said Adkins. "Our goal is to completely satisfy our customers in Uniform Shops around the world."

Story courtesy of Navy Exchange Command

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MEDNEWS 97006. SECNAV Helps Dedicate Bethesda Exhibit

Bethesda, MD--Secretary of the Navy John Dalton visited National Naval Medical Center (NNMC) Bethesda, MD, recently to help dedicate its new Franklin Delano Roosevelt exhibit.

Dalton opened the event by reading a letter from President Clinton, which, in part, saluted the staff at NNMC for their service to the nation.

Roosevelt, as a former assistant secretary of the Navy, had great respect for the Navy and Navy medicine. He was the driving force behind the medical center's location and design, personally sketching out an elevation of its exterior on scrap paper. The paper, along with other historical artifacts and photographs, is on display in the exhibit.

In his remarks, Dalton also saluted the men and woman of NNMC and Navy medicine.

"World-class programs such as the breast care center and the neonatal intensive care unit are the hallmark of the professionals of Navy medicine," said Dalton.

One of the highlights of the exhibit dedication was a reenactment by Delmas Wood, a local Roosevelt historian and Roosevelt imitator, of Roosevelt's remarks when NNMC was dedicated 31 August 1942.

By Kevin Sforza, NNMC Bethesda

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MEDNEWS 97007. Persian Gulf Illness Studies To Look at Bacteria

Washington, DC--With scores of studies under way, DOD continues seeking answers to why thousands of Gulf War veterans suffer from a variety of symptoms, collectively known as Gulf War illness.

Defense health officials know many veterans are sick, but they haven't pinpointed a single cause. Theories and explanations abound, blaming reported illnesses on everything from stress to nerve gas. Now DOD also is considering the possibility some sort of bacteria may be the culprit.

"We have about 80 studies either under way, completed or on the drawing boards that look at a wide variety of possible toxins or ... reasons why people became ill during the Gulf War," DOD spokesman Kenneth Bacon said last month. "Some look at low-level chemical exposure. Others look at

bacterial toxins and other toxins."

Still other studies focus on medicines administered to Gulf War participants and at the impact from oil well fires, Bacon said.

The possibility of a bacterial cause for reported illnesses surfaced in December when a West Coast newspaper reported the research efforts of Garth Nicolson. A research biochemist and scientific director of the Institute of Molecular Medicine in Irvine, CA, Nicolson tested the blood of hundreds of sick Gulf War veterans. He said his research revealed a genetically altered primitive bacterium -- called mycoplasma--in many samples. He concluded the germ had been deliberately manipulated for use as a weapon, the newspaper reported.

Bacon said the findings aren't new. "We met with (Nicolson) in 1995 ... and before that as well," he said. "He was invited ... to submit a proposal for research which the government would fund. A formal call for such a research proposal was issued in May of 1993." However, the Pentagon has yet to hear from Nicolson, Bacon said.

In October, DOD launched its own study of mycoplasma infections in Gulf War veterans. The study is scheduled for completion in August 1997.

The Department of Veterans Affairs, Centers for Disease Control and Prevention and Department of Health and Human Services, and universities under federal contract are conducting research on Gulf war illnesses as well. By Douglas J. Gillert, American Forces Press Service

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MEDNEWS 97008. Healthwatch: Breakfast Can Help Keep you Lean

If you're a breakfast skipper, you're missing the most important meal of the day.

Breakfast help regulate hunger and makes it easier for the body to steadily burn calories throughout the day. Skip breakfast and your metabolism slows down so you burn calories more slowly. Start your day with breakfast, and you'll work better and improve your overall nutrition.

Some people skip breakfast as a way to cut calories from their diet. According to the Navy's recently released Nutrition and Weight Control Self-Study Guide, your metabolism--the rate your body burns calories--is actually slowed by skipping meals. Eating actually stimulates the metabolic rate because it takes energy to process the nutrients in the food. Skipping meals tends to decrease your metabolic rate so you burn calories at a lower rate.

According to LT Leslie Cox, MSC, a registered dietitian and author of the Navy's Nutrition and Weight Control Self-Study Guide, a recent study showed that eating breakfast can raise metabolism by as much as ten percent. In other words, simply by changing your eating pattern, you can add a bagel, a couple of pieces of fruit, or even a bowl of cereal with milk to your daily food intake and not put on extra weight.

"Most of my patients who were overweight skipped

breakfast," said Cox. "The first thing I tell them is 'eat breakfast.'"

There are other reasons for eating breakfast besides weight control. Studies have indicated that people who skip breakfast have trouble concentrating, work less efficiently late in the morning and suffer needless fatigue.

If you are a regular breakfast skipper, try this experiment. Eat breakfast for three consecutive days and observe your new level of energy. Not sure what to eat? Try eating foods high in complex carbohydrate, such as cereal with skim milk, fruit, muffins, bagels, pancakes, waffles, toast or yogurt. If you don't feel hungry in the morning, or are in a hurry, pack something in your bag to eat on your way to work or to snack on later in the morning. By LTJG Kristen Moe, MSC, Naval Hospital Charleston, SC

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Feedback and comments are welcome. Story submissions are encouraged. Contact Jan Davis, MEDNEWS editor, at e-mail address mednews@bms200.med.navy.mil, telephone 202/762-3223 (DSN 762-3223), or fax 202/762-3224.

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